



EMPLOYER ATTESTATION

I hereby verify, under penalty of perjury, that _____ has not paid a recruitment fee to the Maryland Department of Health or, to the best of my knowledge, to a recruitment service for employment referrals originating with the Maryland Department of Health's Office of Population Health Improvement.

(President/CEO)

Date

Subscribe and sworn before me this _____ day of _____ 20____.

Notary Public

My Commission Expires: _____